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## BIB DATA SHEET

CONFIRMATION NO. 3543

<b>SERIAL NUMBER</b> 10/628,538	<b>FILING or 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4143	<b>ATTORNEY DOCKET NO.</b> 22467.23743		
<b>APPLICANTS</b> David A. Martin, Bentleyville, OH; David R. Montgomery, Hudson, OH; <b>** CONTINUING DATA *****</b> This application is a CON of 09/339,479 06/24/1999 PAT 6,862,571 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/27/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RAJIV J RAJ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BROUSE MCDOWELL LPA 388 SOUTH MAIN STREET SUITE 500 AKRON, OH 44311 UNITED STATES						
<b>TITLE</b> Credentialer/medical malpractice insurance collaboration						
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			